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CONFIRMATION NO. 8920

|  |   |                               |   |  |                                 |
|--|---|-------------------------------|---|--|---------------------------------|
| <b>SERIAL NUMBER</b><br>10/779,518   | <b>FILING OR 371(c) DATE</b><br>02/13/2004<br><b>RULE</b>   | <b>CLASS</b><br>714           | <b>GROUP ART UNIT</b><br>2133   | <b>ATTORNEY DOCKET NO.</b><br>4740-237 |                                 |
| <b>APPLICANTS</b><br>Anthony C.K. Soong, Superior, CO;<br>Seong-Jun Oh, San Diego, CA;<br>Shiau-He Shawn Tsai, San Diego, CA;<br>Young C. Yoon, San Diego, CA;   |   |                               |   |  |                                 |
| <b>** CONTINUING DATA ***** SMS</b><br>This appln claims benefit of 60/447,432 02/14/2003 and claims benefit of 60/479,551 06/18/2003  |   |                               |   |  |                                 |
| <b>** FOREIGN APPLICATIONS ***** none</b>  |   |                               |   |  |                                 |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 05/12/2004</b>   |   |                               |   |  |                                 |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and Acknowledged <u>Allowance SMS</u><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>CO | <b>SHEETS DRAWING</b><br>8  | <b>TOTAL CLAIMS</b><br>71              | <b>INDEPENDENT CLAIMS</b><br>11 |
| <b>ADDRESS</b><br>24112  |   |                               |   |  |                                 |
| <b>TITLE</b><br>Power control for reverse packet data channel in CDMA systems  |   |                               |   |  |                                 |
| <b>FILING FEE RECEIVED</b><br>2506   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                 |